

Registered Nurse
Graduate Survey



Department of Nursing Education
Joliet Junior College
Nursing Graduates of Spring 2017
(6 - 9 month follow-up)

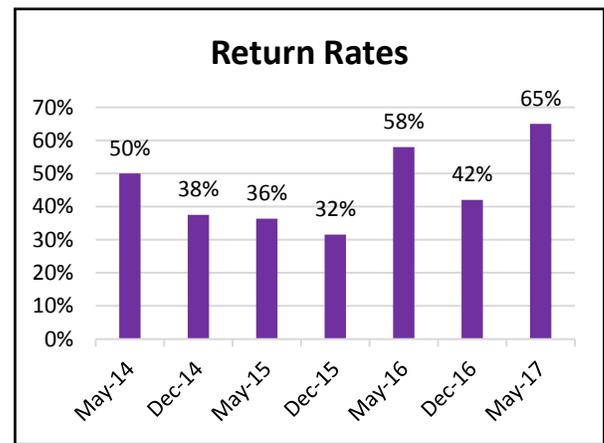
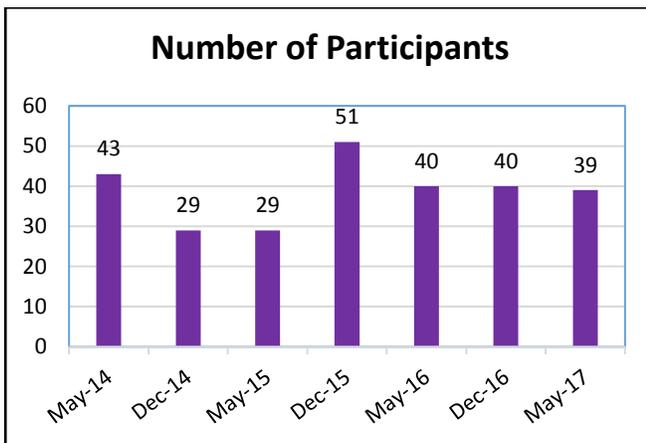


Introduction

Graduate surveys (obtained via Survey Monkey) are sent approximately six (6) months to nine (9) months after the student graduates, which made the target date in December 2017 for the graduating class of May 2017. The survey was sent out to sixty (60) graduates on November 17, 2017 via the student's personal e-mail address, which they provided to us prior to graduation. On December 12, 2017 twenty-four (24) graduates replied, so a reminder was sent. On December 20, 2017 thirty (30) responded and a final reminder was sent which indicated a closing date of January 15, 2018. On January 15, 2018 the survey was closed with thirty-nine (39) graduates participating. The overall response rate for this survey group is 65%.

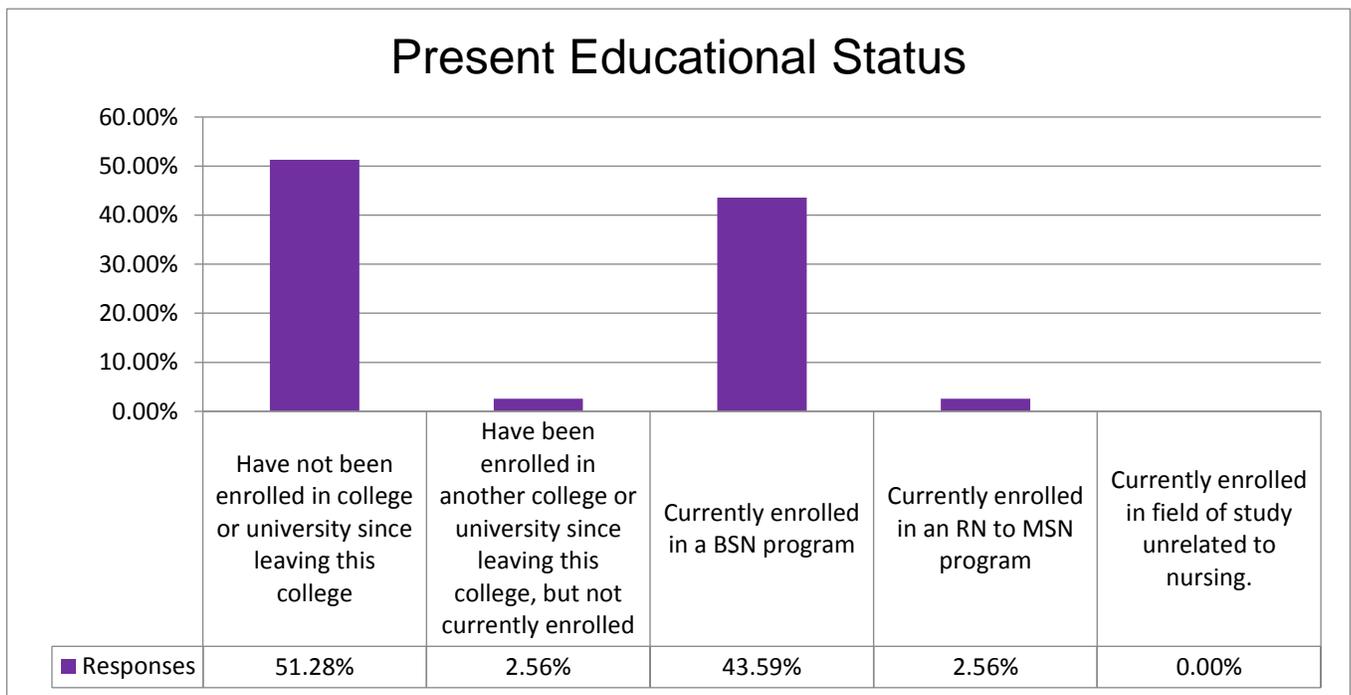
Please Note: graduate responses in quotations are reprinted as they appeared on the survey, including spelling and grammatical errors..

Historical Data Trends:



Results:

Educational status (39 out of 39 responded): 43.5% (n=17) indicated that they are enrolled in a BSN program. 2.5% (n=1) indicated enrollment in a MSN program. 51.3% (n=20) have not been enrolled in college or university since leaving this college. Zero (n=0) of responding graduates is currently enrolled in a field of study unrelated to nursing and 2.5% (n=1) have been enrolled in another college or university since leaving this college, but not currently enrolled.



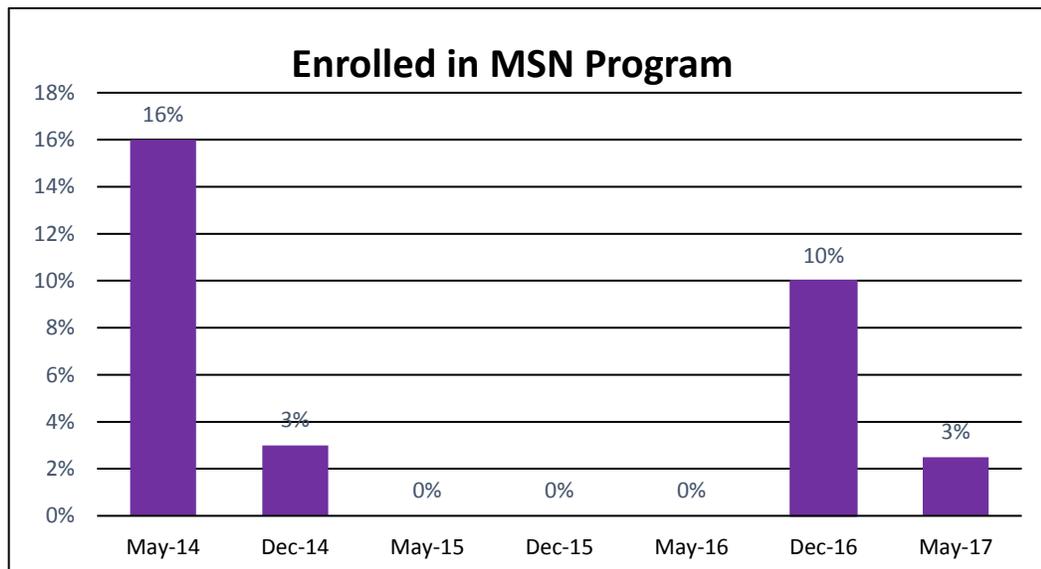
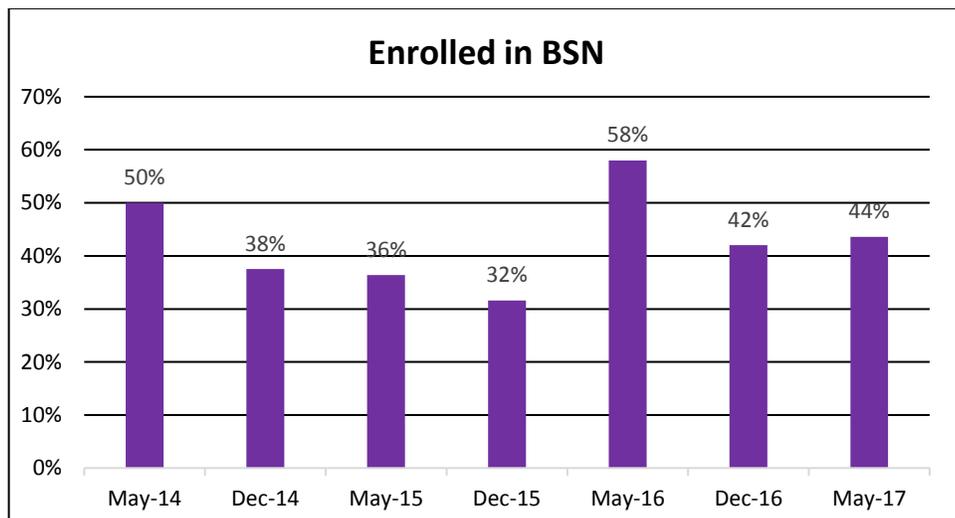
Enrollment in a BSN program by educational institution (17 out of 17 enrolled responded): 35% (n=6) were enrolled at Western Governors University/WGU; 11% (n=2) enrolled at University of St. Francis; 11% (n=2) enrolled at Governor’s State University; 6% (n=1) enrolled at Northern Illinois University; 6% (n=1) enrolled at Benedictine University; 6% (n=1) enrolled at Rasmussen College; 6% (n=1) enrolled at Loyola University; 6% (n=1) enrolled at Illinois State University; 6% (n=1) enrolled at Univeristy of Illinois-Chicago; 6% (n=1) enrolled at University of North Carolina.

When asked why they were not enrolled in a BSN program, twenty-one (21) graduates responded. Nearly 52% (n=11) cite too many family responsibilities; 38.1% (n=8) cannot afford school right now;

9% (n=2) indicate that it is not required by their employer; and 33.3% (n=7) reported “other” stating the following reasons:

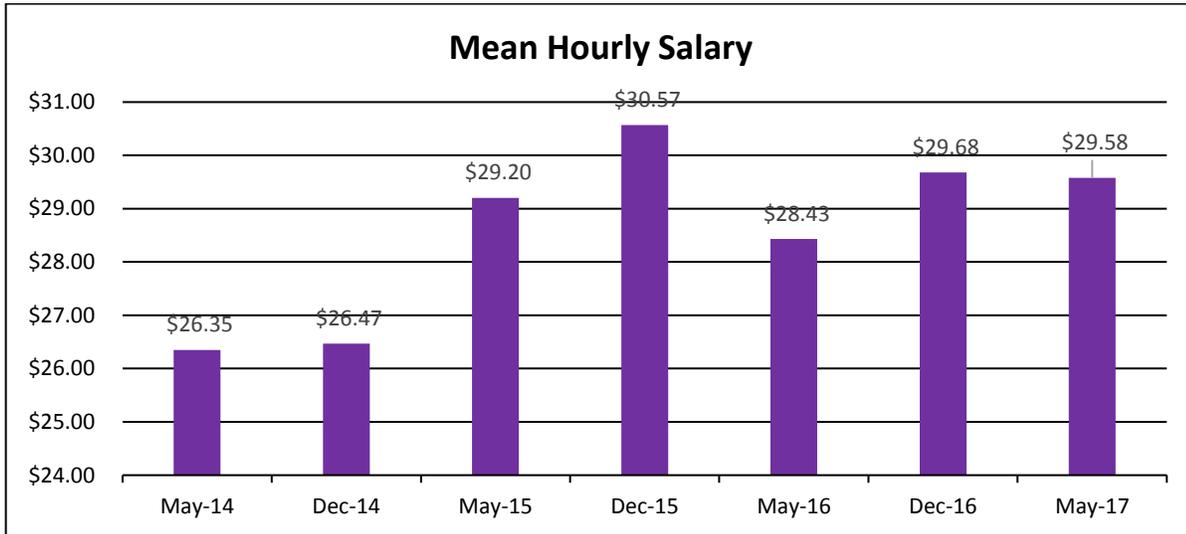
- *“Working full-time, needed to save some money first to enroll in my BSN”*
- *“Would like to work in nursing field for a year and will enroll next fall.”*
- *“Missed deadline for admission”*
- *“I plan to enroll in 2018”*
- *“Waiting to get through my first six months of my new job. Then I will be enrolling in a BSN program.”*
- *“n/a”*

Historical Data Trends:

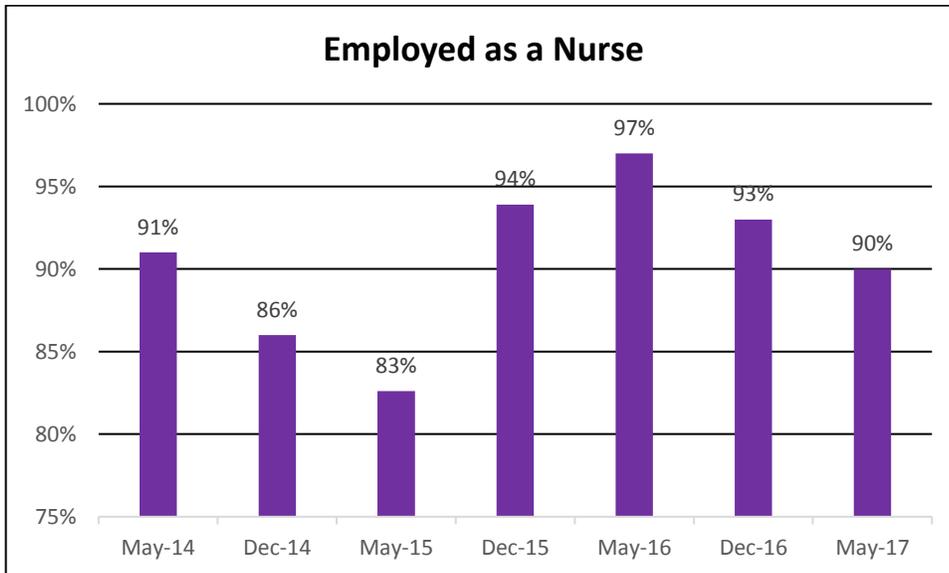


Hourly salary (38 out of 39 responded) before deductions (does not include overtime). Range of responses: \$17.71 to \$37.25 per hour, with an average of \$29.58 per hour.

Historical Data Trends:

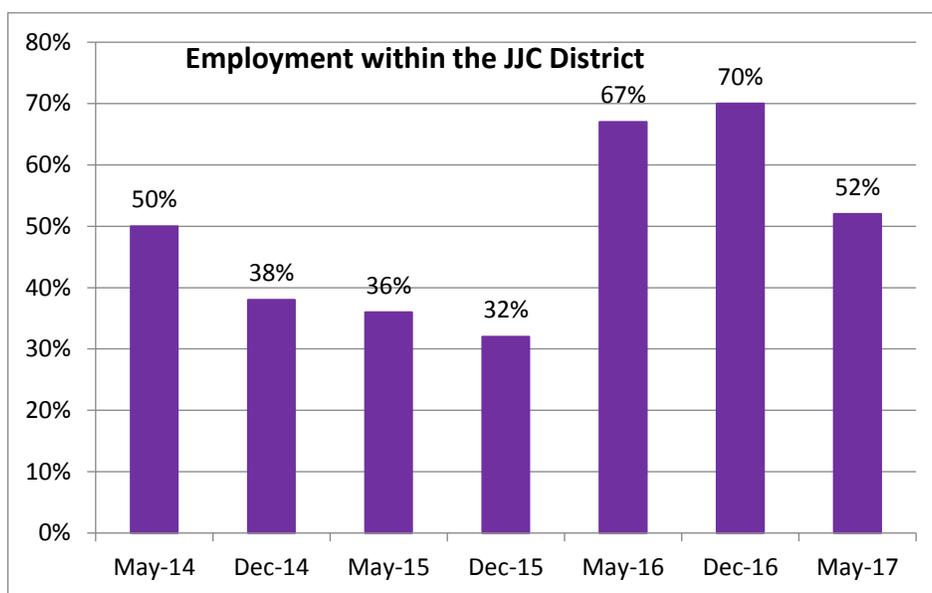


Employment status (38 out of 39 responded): 90% (n=35) of the graduates were employed as a nurse. Employment in a non-nursing area was 2.6% (n=1), and unemployed was 5% (n=2).

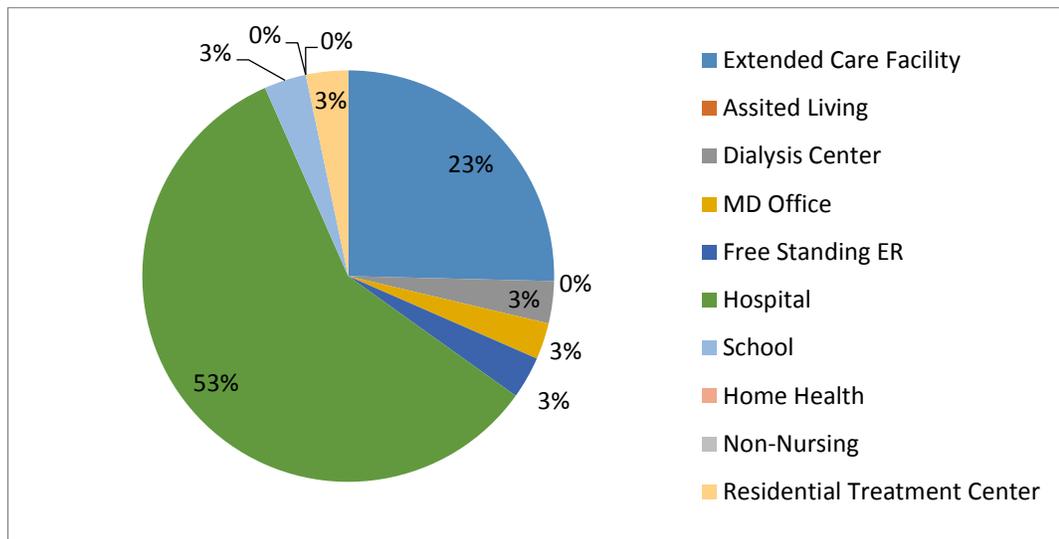


JJC Community (38 out of 39) responded: employment within the JJC community district is 52% (n=20) and 45% (n=17) outside the JJC community district. 3% (n=1) did not provide a city and state to answer the questions. Previously, we asked the graduates if they worked in or out of district. Since the in-district numbers were decreasing, the nursing faculty decided to just ask what city they are employed in. The faculty felt that some students may not be fully aware of how large the JJC district really is, thus they may have thought that they worked out of district if they did not work in the immediate Joliet area. This began in May 2016, which has demonstrated a larger percentage of our students are working in district.

Historical Data Trends:



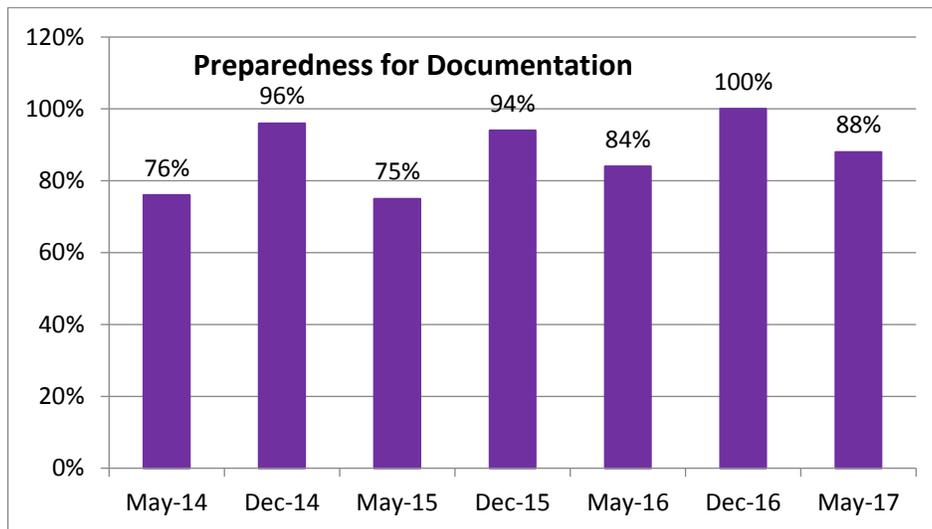
First position as a nurse: Of the thirty-eight (38 out of 39) graduates who answered this question; 53% (n=20) obtained their first RN job in the hospital, 23% (n=9) in an extended care facility, 3% (n=1) in a residential treatment center, 3% (n=1) in a school, 3% (n=1) in an MD office, 3% (n=1) in a dialysis center, & 3% (n=1) in a free-standing emergency room.



The remaining 4 students who responded responded with “other” stating the following comments:

- *“Not currently working as RN due to pregnancy.”*
- *“Unemployed.”*
- *“Currentlty working as an LPN in a mental health facility.”*
- *“Memory Care.”*

How well prepared were you in your job as a registered nurse related to documentation? (32 out of 39 responded). The nursing faculty identified in recent graduate surveys that documentation consistently scored at or below our expected level of achievement (ELA) of 80%. The nursing program does provide practice documentation in each semester, but the faculty were not sure why the students rated this area as “somewhat unprepared” or “very unprepared”. Thus, the faculty decided to ask a specific question about documentation and provide a commentary section to find out more specific needs/concerns in order to make changes in the program regarding documentation.



As this graph demonstrates, we have reached our expected level of achievement (\geq to 80%).

Comments:

- *“Should have been implemented more in each clinical rotation.”*
- *“Documentation differentiates depending on the place of employment. Hospital, brief straight to the point. Nursing homes seem to want more of a long drawn out detailed report.”*
- *“Documentation is so different when caring for 4-5 pts and the different systems.”*
- *“Each hospital has a different way of documenting and work with various systems.”*
- *“We had very little exposure to documentation while at JJC. At my facility, it's a myriad of box clicking. No SOAP or DAR notes.”*
- *“Electronic documentation is not what I was prepared for in school. I adjusted quickly, because of the similarities, but I still wish I had more practice in school.”*
- *“There aren't many opportunities to practice in school or in clinicals.”*
- *“More scenarios and required documenting would help more. We write a lot of notes where I work and Its a struggle to write one and now sometimes if I'm putting too much or not enough.”*
- *“I hope we was taught more about documentation. for example, let us watch a clip, then teach us how to document the situation”*
- *“We didn't have electronic documentation so it was all new to me at work. Maybe just more prep in clinical about how often and what you have to chart”*
- *“The sheer volume of charting in ICU was quite an adjustment.”*
- *“More practice needs to be done in clinical to prepare for working”*

- *“Hospital systems have different options for documentation”.*
- *“Most places have electronic charting. Need more of that in the program.”*
- *“Start date is Tuesday Nov 21”*
- *“There is just so much, especially at the facility I work at”*

Update: The nursing faculty has agreed to pilot an EHR program through one of the textbook publishers with whom JJC works. There was a selection process that took place and the faculty are currently deciding on a program to require the students to purchase starting in Fall 2018. In the meantime, the EHR program created by the JJC CIOS department and nursing faculty is still available for use in class if an instructor chooses to use that.

How well prepared were you in your job as a registered nurse related to the following? Graduates (32 out of 39) responded: Expected level of achievement (ELA) is 80% for each line item for responses “Very Prepared & Somewhat Prepared”. We reached our ELA for each line item.

	Very Prepared	Somewhat Prepared	Somewhat Unprepared	Very Unprepared	Rating of Very Prepared & Somewhat Prepared
Nursing Skills (catheterization, IV, IM, suctioning, etc.)	15	14	2	0	90%
Utilization of the nursing process	24	7	1	0	97%
Delegation skills	17	12	2	1	90%
Patient/family physical assessment skills	23	9	0	0	100%
Patient/family psychosocial assessment skills	15	16	0	0	97%
Nursing care prioritization	20	10	1	0	94%
Cultural competence	23	8	1	0	97%
Using evidenced based practice in patient care	18	12	1	0	94%
Critical thinking skills	18	12	1	0	94%

Comments from graduates on preparedness:

- *“For question ten it is only allowing me to select one total answer in each of the categories. So it’s not correct. For that question all categories are very prepared. I’ve not felt inadequate at any time.” (See Note below)*
- *“Our class did not get a preceptorship which in my opinion was a terrible idea. I didn’t get to experience as much as I should have. Right now my biggest weakness is starting IVs. I had one opportunity to start one in Clinical that’s it! The lab should get mannequin arms that have tubing in them that can produce a flashback. Something to practice. Or have to do so many Iv starts like phlebotomy students do.”*
- *“Needed more class time on iv starts and cvad care”*
- *“Did not have many clinical opportunities to perform”*
- *“Didn't get to do most skills on people during nursing school like catheters and IVs so I wasn't comfortable the first couple times when I started my job, but I did feel prepared content wise in those skills.”*
- *“If dealing with difficult staff, that can make delegation more difficult because some may be resistant to your request, or you’ve delegated to them.”*
- *“It is hard to be the one delegating but it needs to be done, I just try to do it all myself and have a hard time being authoritative”*
- *“I feel that the dynamics are sometimes intense and its hard to deal with people when they just won't listen. This is a trial and error event that I don't think can be taught in nursing school”*
- *“Critical thinking is a process. It comes with professional experience.”*

NOTE: There was a technical glitch with Survey Monkey in which the question was not allowing a student to select the same response more than once while answering this question. With help from SurveyMonkey, the question was fixed midway through the open-survey time. This may have affected 4 of the respondents answers, however, we cannot be sure of that. The percentages reported reflect all answers as given in the survey.

Historical Data Trends:

	Dec 2013	May 2014	Dec 2014	May 2015	Dec 2015	May 2016	Dec 2016	May 2017
Nursing Skills (catheterization, IV, IM, Suctioning, etc)	96%	92%	100%	92%	97%	100%	93%	90%
Utilization of the nursing process	96%	95%	100%	100%	100%	100%	100%	97%
Delegation skills	87%	81%	87%	90%	92%	94%	96%	90%
Patient/family physical assessment skills	96%	97%	100%	100%	100%	100%	96%	100%
Patient/family psychosocial assessment skills	91%	97%	96%	100%	100%	97%	96%	97%
Patient/family spiritual assessment skills	91%	92%	92%	92%	92%	100%	89%	94%
Nursing care prioritization	91%	92%	100%	92%	100%	100%	96%	97%
Cultural competence	91%	92%	100%	100%	100%	100%	96%	94%
Using evidenced based practice in patient care	96%	92%	100%	92%	100%	97%	96%	94%
Critical thinking skills	91%	92%	100%	96%	100%	97%	96%	90%
Patient communication skills	96%	97%	96%	100%	97%	100%	100%	*N/A
Legal/ethical issues	91%	89%	79%	92%	95%	97%	93%	*N/A
Clinical decision making skills	96%	92%	100%	88%	100%	97%	100%	*N/A
Patient/family teaching skills	96%	92%	92%	100%	100%	100%	93%	*N/A
Collaboration with other healthcare members	87%	89%	96%	92%	97%	97%	86%	*N/A
Medication knowledge/skills	87%	86%	87%	92%	100%	97%	93%	*N/A
Patient safety issues	96%	97%	100%	100%	100%	100%	100%	*N/A

***NOTE:** In the May 2017 graduate survey, the final 7 categories were inadvertently omitted in the survey data collection (as indicated by N/A). This will be rectified for the next Graduate survey report and that data will continue to be collected.

Comments made by graduates of ideas/suggestions not addressed in the survey are noted below (16/39 responses)

- *“Nursing School and real world nursing is totally different”*
- *“Carpe Diem”*

- *“I would love a contact at school who would be free to email graduates to discuss things that pertain more to being a JJC Grad than a new grad RN, or things we are too uncomfortable asking our coworkers.”*
- *“Experience is so important. Any experience that you can have before and during school will benefit the new nurse.”*
- *“Overall the program has prepared me well for daily nursing practice. I just wish I had a preceptorship for the experience and exposure. Would have helped me tremendously as a hands on learner.”*
- *“let the student learn about patient baseline is very important, what lab value to expect due to pt diagnosis, learn to compare previous lab and current lab to see the trend, and what information must be ask during a nurse-nurse report.”*
- *“JJC has a excellent program that well prepares one for success on the NCLEX and in the field.”*
- *“Wish we could have had a role transition. It appears that we were the only semester that didn't benefit from that program.”*
- *“I think the clinical time is most important and would always recommend more of that. In the same token, it is up to the students to make the most of their clinical time!”*
- *“My main challenge as a new nurse has been communicating with difficult staff and thus finding my place within the healthcare team and being respected.”*
- *“I am so thankful for the education I received through this program. I have gotten numerous compliments from my preceptors at my hospital about my critical thinking, prioritization, organization, etc. And I believe that directly relates to the wonderful education I recieved in nursing school! Thank you.”*
- *“RML made me feel very prepared for documentation!”*
- *“I wish someone would have emphasized the importance of getting a job either as CNA/SNA/or LPN because without experience and without a BSN getting a job in Chicago is impossible.”*
- *“This is my second job and the other is in an ER PRN. Not one minute has passed when I thought to myself that i didn't feel ready. Even when the proverbial “shit hits the fan.” I've felt competent in a variety of situations from trauma all the way to code blues. I'd like to sincerely thank a few teachers by name as well. Karen Roberson, Donna(my clinical experience with her second semester was unrivaled and I feel she shaped my confidence and skills which I think is priceless so early on), Caroline(made OB interesting even though I have ZERO interest) CKB, Janet, Dr. Deb(to this day I find myself able to recall her information when I have a mentally ill patient) and Kathy Wolz. I feel blessed to have had such a tremendous experience at JJC. My employers have all remarked what a strong nurse I have been out of the gate. Thank you all so much for the work you do.”*